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SEP 11 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: DAVIS et al.

Attorney Docket No.: VISAP016

Application No.: 09/359,083

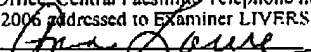
Examiner: LIVERSEDGE, Jennifer L.

Filed: July 22, 1999

Group: 3628

Title: INTERNET PAYMENT,
AUTHENTICATION AND LOADING SYSTEM
USING VIRTUAL SMART CARD

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being transmitted to the U.S.
Patent and Trademark Office, Central Facsimile Telephone number (571) 273-8300 on
this day September 11, 2006 addressed to Examiner LIVERSEDGE, Jennifer L.
Signed: 

NOTICE OF APPEALCommissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Appeals from the decision of the Primary
Examiner mailed May 9, 2006 finally rejecting Claims 1-8 and 34-43.

The item(s) checked below are appropriate:

Appeal Fee: ☐ \$250.00 (Small Entity) ☒ \$500.00 (Large Entity)

The proceedings herein are for a patent application and the provisions of 37 CFR 1.136
apply:

☒ Applicant petitions for an extension of time under 37 CFR 1.136 (fees: 37 CFR
1.17(a)-(d)) for the total number of months checked below:

09/12/2006 TL0111 00000049 500308 09359003

01 FC:1401 500.00 DA
02 FC:1251 120.00 DA

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	<u>Months</u>	<u>Large Entity</u>	<u>Small Entity</u>
<input checked="" type="checkbox"/>	one	\$120.00	\$ 60.00
<input type="checkbox"/>	two	\$450.00	\$225.00
<input type="checkbox"/>	three	\$1,020.00	\$510.00

If an additional extension of time is required, please consider this a petition therefor.

☒ An extension for one-month(s) has already been secured and the fee paid therefor of \$120 is deducted from the total fee due for the total months of extension now requested.

☒ Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

Total Fee Due

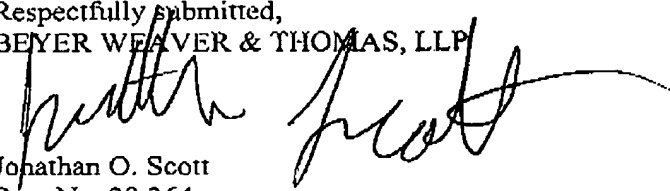
Notice of Appeal Fee	\$500
Extension Fee (if any)	\$120
Total Fee Due	\$620

☐ Enclosed is Check No. _____ in the amount of \$.

☒ Please charge the required fees and any additional fees or credit any overpayment to Deposit Account No. 500388, (Order No. VISAP016).

☒ Charge any additional fees or credit any overpayment to Deposit Account No. 500388, (Order No. VISAP016).

Respectfully submitted,
BEYER WEAVER & THOMAS, LLP


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